



## **DEATH CERTIFICATE GUIDELINES**

Santa Clara County Medical Examiner-Coroner's Office  
Santa Clara County Vital Records and Registration

---

### **General Instructions:**

- Only ONE condition is listed per line in 107. All four lines (A through D) do not need to be filled in, as long as an etiologically specific cause of death is present (i.e. Atherosclerotic Cardiovascular Disease).
- Each condition in 107 can cause the one above it (D causes C, which causes B, which causes A).
- The corresponding time intervals (boxes AT, BT, CT and DT) are progressive in nature (minutes, hours, days, years) and correspond to the time course of the respective disease state (A through D).
- Conditions in 112 contribute to death but do not result in the underlying cause in 107.
- A complete sequence is reported that explains why this patient died.
- If it seems that two or more conditions "added together" or were temporally inseparable--that is, it might seem appropriate to report them together on one line in 107-- the most important ONE should be listed in 107, and the others should be listed in 112.
- It is acceptable, and often needed, to report more than one condition in 112.
- When necessary, and when conditions are integrally and causally related, it is acceptable to combine related conditions into one entity for reporting in 107-- such as "pneumonia with systemic sepsis," or "myocardial infarction with rupture." This should not be done unless absolutely necessary, however, and is usually done because of space limitations in 107.
- It is acceptable to qualify a condition with words such as "probable." For example, "probable peptic ulcer disease."
- Sometimes, citing a specific underlying cause of death is difficult because sufficient information is lacking, as might occur when someone dies of gastrointestinal hemorrhage due to a natural, but otherwise unknown cause. In such instances, it is helpful to write 107 as Gastrointestinal hemorrhage due to: Undetermined natural cause. Using this technique lets a reader of the cause-of-death statement know that a specific underlying cause of death was considered and was not omitted through an oversight. Of course, one should be reasonably certain that only natural causes are involved.
- Deaths known or suspected as having been caused in whole or in part by injury or poisoning should be reported to the medical examiner-coroner, and the death certificate should not be completed by you unless the ME-C instructs you to do so.
- It is preferred to spell out all medical conditions and procedures in full (as space allows).
- Do not forget to include any procedures and dates related to disease treatment or diagnosis in line 113. If there were multiple procedures they can be listed together (e.g. Exploratory laparotomies 3/12/04, 3/14/04). Line 113 should be used for any medical intervention or diagnostic procedures that helped in determining cause of death, and not just for surgeries (e.g. chest tubes, central line

placements, diagnostic peritoneal lavage).

### **Guidelines:**

On the death certificate it is preferred to spell out all medical conditions and procedures in full. Acronyms are used below due to space limitations.

AIDS = Acquired Immune Deficiency Syndrome; ASCVD = Atherosclerotic cardiovascular disease; COPD = chronic obstructive pulmonary disease; ME-C = Medical Examiner-Coroner; MI = Myocardial Infarct; PE = Pulmonary Embolism.

### **Cannot Stand Alone (107A) on a DC:**

Any mechanistic terminal event (i.e., Respiratory Arrest, Asystole, Cardiac Arrest, Cardiorespiratory Arrest, Ventricular Fibrillation, Electromechanical Dissociation, etc).

Aspiration Pneumonia

Cancer

Cardiac Arrhythmia

Cardiomyopathy\*

Congestive Heart Failure

Dementia

End Stage Liver Disease/Hepatitis

### **Suggested “Due To” (107B, C, or D):**

Any underlying cause(s) that are etiologically specific and fully explain the cause of death.

Almost always due to some debilitated state: Alzheimer’s disease, Stroke due to ASCVD, chronic alcoholism, immunocompromised state (AIDS, autoimmune disease on steroids, etc.) Infectious diseases which are thought to constitute a threat to the public health need to be reported to ME-C (See #20 on following page).

Please specify type and metastasis (if any).

MI due to ASCVD, Valve disease, hypertension, etc.

Hypertrophic Cardiomyopathy due to (hypertension, idiopathic).  
Dilated Cardiomyopathy due to (viral myocarditis, alcoholic, toxic, pregnancy-associated).  
Restrictive Cardiomyopathy due to (radiation fibrosis, amyloidosis, sarcoidosis, metastasis, idiopathic).

Hypertension, ASCVD, Aortic/Mitral valve disease, Rheumatic heart disease etc., or unknown etiology

***Please use: Complications of*** Alzheimer’s Disease, Parkinson’s Disease, or Multi-infarct dementia due to ASCVD.

Viral, Alcoholic, Autoimmune, Toxic, Idiopathic or cryptogenic OK if biopsy proven and other causes were ruled out. (*Acetaminophen or other poisonings, or acute alcohol or drug intoxication need to be reported to ME-C*)

**Cannot Stand Alone (107A) on a DC:**

End Stage Renal Disease

Ischemic bowel

Myocardial Infarct\*

Prematurity/Complications of Prematurity  
on death and fetal death certificate

Pulmonary Embolus due to Deep Vein Thrombosis

Sepsis, Multi Organ System Failure, ARDS  
alcoholism, etc...

Stroke (Hemorrhagic or Ischemic)

Urinary Tract Infection

**Suggested “Due To” (107B, C, or D):**

Hypertension, ASCVD, Diabetes, Chronic  
pyelonephritis etc...

Volvulus from adhesions due to previous surgery,  
ASCVD, hypotension caused by something else.  
*(Surgically related complications need to be  
reported to ME-C).*

Atherosclerotic cardiovascular disease, coronary  
artery disease, Rheumatic heart disease, etc.

Chorioamnionitis, eclampsia. Please add non-  
trauma or drug-related. *(Maternal trauma or drug  
use needs to be reported to ME-C).*

Always due to hypercoagulable state (increased  
clotting): smoking, birth control pills, pregnancy,  
immobility, obesity, vascular injury. *(Any  
traumatic cause or surgically related PE needs to  
be reported to ME-C).*

Diabetes mellitus, COPD, AIDS, chronic

ASCVD, Hypertension, etc.

Specify catheter related (nosocomial) or non-  
catheter related (community acquired).  
Underlying cause should be etiologically  
specific.

This list should only be used as a reference tool and is not all-encompassing. Additional conditions, symptoms, and causes may exist that will be queried. Consult also the California Department of Health Services Birth and Death Registration Handbook.

**\*These county requirements exceed and supercede the minimal state requisite.**

## **Deaths Reportable to Medical Examiner-Coroner (CA Government Code Section 27491):**

1. Known or suspected homicide.
2. Known or suspected suicide.
3. Accident: Whether the primary cause or only contributory; whether the accident occurred immediately or at some remote time.
4. Injury: Whether the primary cause or only contributory; whether the injury occurred immediately or at some remote time.
5. Grounds to suspect that the death occurred in any degree from a criminal act.
6. No physician in attendance. (No medical history).
7. Wherein the deceased has not been attended by a physician in the 20 days prior to death.
8. Wherein the physician is unable to state the cause of death. (Must be genuinely unable and not merely unwilling.)
9. Poisoning (food, chemical, drug, therapeutic agents).
10. All deaths due to occupational disease or injury.
11. All deaths in operating rooms or following surgery or a major medical procedure.
12. All deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room or elsewhere.
13. All solitary deaths. (Unattended by a physician, family member or any other responsible person in the period preceding death.)
14. All deaths in which the patient is comatose throughout the period of physician's attendance, whether in home or hospital.
15. All deaths of unidentified persons.
16. All deaths where the suspected cause of death is Sudden Infant Death Syndrome (SIDS).
17. All deaths in prisons, jails, or of persons under the control of a law enforcement agency.
18. All deaths of patients in state mental hospitals.
19. All deaths where there is no known next-of-kin.
20. All deaths caused by a known or suspected contagious disease constituting a public health hazard, to include AIDS.
21. All deaths due to acute alcohol or drug intoxication.

***Reportable cases are to be distinguished from Medical Examiner-Coroner's cases. While the duty to report certain cases continues, the decision on whether there shall be a full investigation rests with the ME-Coroner, and a full investigation is not required of the ME-Coroner purely by virtue of the case having been reported. The ME-Coroner will give any interested party the basis for accepting or rejecting any case reported.***

### **Contact**

For more information, contact the Santa Clara County Medical Examiner-Coroner's Office at 408.793.1900 or Santa Clara County Vital Records and Registration at 408.885.2008.